

TRANSMITTAL FORM

(as to be used for all correspondence after 10/01/2004)

Total Number of Pages in This Submission: 19

Application Number: 10/792,484

Filing Date: 03/18/2004

First Named Inventor: BRIAN D. GOODMAN, et al.

Art Unit: 2603

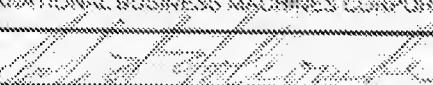
Examiner Name: P. KARINA

Attorney Docket Number: TUD2000-40024US1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures (please identify below):
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.93	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name:	INTERNATIONAL BUSINESS MACHINES CORPORATION		
Signature:			
Printed name:	JOHN H. HOLCOMBE		
Date:	July 20, 2007	Reg. No.:	29,620

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature:		
Typed or printed name:		Date:

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Effective on 12/01/2004

Form pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4020).

FEE TRANSMITTAL

For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

-0-

Complete if Known

Application Number: 10/709,401

Filing Date: 09/12/2004

First Named Inventor: ERIN G. GOODMAN, et al.

Examiner Name: P. KARIMI

Art Unit: 2600

Attorney Docket No.: TUC202004X01US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (specify) _____

Deposit Account Deposit Account Number: 03-0419 Deposit Account Name: IBM CORPORATION

For the above-named deposit account, the filer is hereby authorized to (check all that apply):

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

(Refer to 37 CFR 1.16 and 1.17)

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-8520.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	300	150	120	60
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Fee (\$)

Fee (\$)

Multiple dependent claims

Fee (\$)

Fee (\$)

Fee (\$)

Total Claims Extra Claims Fee (\$)

1-20 = 0 * 0 = 0 * *

NP = highest number of total claims paid for, if greater than 20.

Independent Claims Extra Claims Fee (\$)

1 - 3 = 0 * 0 = 0 * *

NP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)(3)), the application size fee due is \$2.00 (\$1.25 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 411(a)(1)(G) and 37 CFR 1.16(c).

Size Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
NA - 100+	/50 = (round up to a whole number) >	*	*

4. OTHER FEES

Non-English Specification: \$1.00 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

Signature: 

Fee Paid (\$)

Name/Title: ERIN G. GOODMAN

Date: July 20, 2007

This collection of information is required by 35 CFR § 1.16. The information is needed to obtain or retain a benefit by the public which is to be had by the USPTO to process an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to have 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time may vary depending upon the individual case. Any comments on the amount of time you expect to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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